

Order Form – UNIT TRUST – DEED OF VARIATION OF TRUSTEE - July 2019

YOUR FIRM			
YOUR NAME			
DELIVERY ADDRESS			
DATE	PHONE NO.	FAX NO.	EMAIL ADDRESS

<u>OPTION 1</u> Deed in triplicate <input type="checkbox"/> Yes \$250 (Hardcopy)	<u>OPTION 2</u> Electronic Deed Only <input type="checkbox"/> Yes \$220	<u>EXTRAS</u> Deed (Hardcopy) <input type="checkbox"/> Yes \$10 Deed (Electronic) <input type="checkbox"/> Yes \$10
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NAME OF UNIT TRUST	
DATE OF ORIGINAL DEED	CLAUSE IN DEED ALLOWING AMENDMENT

WHAT DO YOU WANT THIS VARIATION TO ACHIEVE? (Please indicate)

- This Deed of Variation is to evidence the appointment of one or more Trustees
 This Deed of Variation is to evidence the resignation and the appointment of one or more Trustees
 This Deed of Variation is to evidence the resignation of one or more Trustees

THE LAWS OF WHICH STATE OR TERRITORY APPLY TO THIS DEED		EFFECTIVE DATE OF THIS DOCUMENT	
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TRUSTEES OF THE UNIT TRUST - REMAINING

NAME OF REMAINING TRUSTEE 1	
A.C.N. OF REMAINING TRUSTEE 1 (IF ANY)	
ADDRESS OF REMAINING TRUSTEE 1	

NAME OF REMAINING TRUSTEE 2	
A.C.N. OF REMAINING TRUSTEE 2 (IF ANY)	
ADDRESS OF REMAINING TRUSTEE 2	

TRUSTEES OF THE UNIT TRUST - RESIGNING

NAME OF RESIGNING TRUSTEE 1	
A.C.N. OF RESIGNING TRUSTEE 1 (IF ANY)	
ADDRESS OF RESIGNING TRUSTEE 1	

NAME OF RESIGNING TRUSTEE 2	
A.C.N. OF RESIGNING TRUSTEE (IF ANY)	
ADDRESS OF RESIGNING TRUSTEE 2	

ORDER FORM – UNIT TRUST – DEED OF VARIATION OF TRUSTEE (CONTINUED)

TRUSTEES OF THE UNIT TRUST – NEW

NAME OF NEW TRUSTEE 1	
A.C.N. OF NEW TRUSTEE 1 (IF ANY)	
ADDRESS OF NEW TRUSTEE 1	

NAME OF NEW TRUSTEE 2	
A.C.N. OF NEW TRUSTEE 2 (IF ANY)	
ADDRESS OF NEW TRUSTEE 2	

INFORMATION CONCERNING THE UNITHOLDERS

NAME OF UNITHOLDER 1	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 2	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 3	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

NAME OF UNITHOLDER 4	
A.C.N. OF UNITHOLDER (IF ANY)	
NAME OF TRUST IF UNITHOLDER IS A TRUSTEE	
ADDRESS OF UNITHOLDER	

CREDIT CARD PAYMENT

<input type="checkbox"/> MasterCard	Credit Card No.	Expiry Date	Amount \$
<input type="checkbox"/> Visa			
Cardholder's Name	Cardholder's Signature		